

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

July 18, 1986

TO: All County Welfare Directors
All County Administrative Officers

Letter No. 86-37

SUBJECT: AUTHORIZED REPRESENTATIVE - APPLICATION PROCESS/
MEDI-CAL CARD ISSUANCE

While there exists both statutory and regulatory authority for an applicant to be assisted in the Medi-Cal eligibility determination process, a number of questions have arisen regarding the scope of that assistance.

Often you may see the term "authorized representative" (AR) used interchangeably with personal or beneficiary representative, attorney in fact, designated representative, etc. "Authorized representative" as it relates to the disability evaluation process has a more specific meaning and will be addressed in a separate letter which will follow shortly.

"Authorized representative," as it applies to the Medi-Cal application process, is an individual or individuals of the applicant's choice who accompany, assist, and represent the applicant in the eligibility determination process. An applicant/beneficiary may designate a representative at any time. Federal regulations (42 CFR 435.908) provide that an agency must allow an applicant the right to choose someone to assist; however, these regulations do not absolve an applicant of his responsibility to cooperate by completing and signing the Statement of Facts (MC 210), by being present at the face-to-face interview, or by personally responding to requests for information. You should be aware that the term "authorized representative" as used by the Department of Social Services is in reference to state hearing regulations which identify the claimant's attorney or beneficiary's representative in the state fair hearing process.

While regulations provide that anyone who knows of an applicant's need may apply on his behalf (22 CAC 50143(a)(2)), they are very specific as to who may complete and sign the MC 210 and who may participate in the face-to-face interview (22 CAC 50157 and 50163). Consistent with Sections 11052.5, 11054 and 14014, Welfare and Institutions (W&I) Code, regulations (22 CAC 50185(c)) further provide that in those limited circumstances when the MC 210 is completed and signed by someone other than the applicant, that person assumes the responsibilities of the applicant and is liable for declarations made on behalf of the applicant. In such

instances, the county should secure the necessary verification to establish eligibility from the person who signs the MC 210 and provide all notices of action to that person.

Title 22 CAC Sections 50163(a)(2) and (3) specify that the applicant or spouse of the applicant shall complete and sign the MC 210 unless the applicant has a conservator, guardian or executor. If the applicant is incompetent, comatose or amnesiac and there is no spouse, conservator, guardian or executor, the county shall then evaluate and determine if there is a need for protective services. Further, this section provides that if the applicant is incompetent, comatose, etc., the MC 210 may be signed by a relative, a person who has knowledge of the applicant's circumstances, or a representative of a public agency. It should be noted that "incompetent" should not be interpreted to mean that the applicant does not understand English or the application process, or that the applicant just prefers to have someone else act on his behalf. Nor should the regulation be interpreted to require that a court or some other entity must first declare that a person is incompetent. If the county has evidence that a person is incompetent or incapable of acting on his own behalf, e.g., a spouse, relative, or friend applies indicating the applicant is comatose, then the county should process the application with the individual acting on behalf of the applicant.

The Department has recently become aware that some individuals acting in the capacity of "authorized representative" are requesting that the beneficiary's Medi-Cal cards be mailed directly to the AR. Our regulation at Title 22 CAC Section 50731 specifies that "Persons certified for Medi-Cal shall receive a Medi-Cal card" (Emphasis added.) Sections 14017.8 and 14018, W&I, provide, in pertinent part, that each person certified as eligible shall be provided with a Medi-Cal card and that the card shall be signed and dated by the beneficiary upon receipt. (Emphasis added.) The Department's policy is that Medi-Cal cards are to be mailed only to the beneficiary at his/her residence address. An exception to this policy may be made when a beneficiary resides in long term care and the spouse at home is acting on behalf of the beneficiary. This exception may also apply in similar situations.

The authority and limitations cited above apply to all persons acting on behalf of an applicant/beneficiary.

A Manual Letter incorporating the above information into the procedures portion of the Medi-Cal Eligibility Manual, will be issued in the near future.

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Any questions regarding this issue should be directed to Maxine Forster at (916) 322-5295.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: November 30, 1986